



Managed Risk Medical Insurance Board

1000 G Street, Suite 450

Sacramento, CA 95814

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www.mrmib.ca.gov

JOB OPPORTUNITY BULLETIN

*Join an exciting, fast-paced, and highly visible office!
Close to Bus Routes, Light Rail, & Parking Garages*

Associate Governmental Program Analyst

Monthly Salary: \$4,400 - \$5,348

One Permanent Full-Time Position

Location: Downtown Sacramento

Position Number: 443-600-5393-749

Refer to Job ID#10-BQM

Final Filing Date: August 28, 2010

PENDING BUDGET APPROVAL

General Statement of Duties:

The Associate Governmental Program Analyst (AGPA) class is the full journey level subject-matter generalist class and performs a wide variety of consultative and analytical staff, and complex assignments. The AGPA must be willing and able to take initiative and work independently and perform as a project lead. The AGPA will be expected to analyze data and present (both verbally and written) ideas and information effectively to MRMIB management, Third Party Administrator (TPA) contractor and subcontractors, and external stakeholders.

Addresses subscriber complaints and appeals for the Pre-Existing Condition Insurance Program (PCIP). Develops and implements the Benefits and Quality Monitoring (BQM) Division's written procedures for processing, tracking (reporting), and resolving subscriber complaints using a centralized database.

Communicates with MRMIB-contracted TPA, Administrative Vendor (AV) contacts, and other MRMIB Divisions, orally and in writing, to resolve complaints and benefit appeals.

Bilingual skills in Spanish and English, both written and oral, are highly desired in this position.

- Adjudicates the most difficult subscriber cases related to subscriber problems and complaints, including developing policies and procedures for resolving subscriber issues. Documents all activities related to complaints or appeals resolution in a database, including all communications with subscribers, TPA representatives and subcontractor representatives, and other entities, such as AV.
- Updates the benefits complaint and appeals procedures manual with respect to the PCIP and proposes changes to procedures. Serves as staff subject matter expert on PCIP-related complaints and appeals.
- Maintains professional and effective relationships with TPA representatives and subcontractor representatives, AV representatives and other work-related contacts.
- Identifies trends in subscriber complaints and makes recommendations to management on how to mitigate or eliminate ongoing benefit and access issues and trends raised by subscribers.
- Analyzes TPA grievance reports and Independent External Review (IER) decisions

- Communicates with the Third Party Administrator (TPA), orally and in writing, to resolve subscriber complaints and benefit appeals.
- Ensures TPA follows contractual obligations as they relate to resolving subscriber issues.
- Works with TPA to coordinate the IER functions to ensure subscriber appeals are processed according to contractual timeframes.
- Acts as consultant with IT unit to enhance and develop the new database to monitor and track TPA compliance with federal and state requirements, including tracking 20 day response time for enrollee correspondence.
- Tracks and trends PCIP subscriber issues related to access, quality and payment for services.
- Produces monthly status reports, including enrollee correspondence response tracking, and ad hoc reports, as requested, for unit manager

DESIRABLE QUALIFICATIONS

- ♦ Strong analytical and research skills.
- ♦ Ability to work with, and on behalf of, diverse populations
- ♦ Excellent written and oral communication skills.
- ♦ Proficient computer skills, including MS Word, Excel, Outlook and PowerPoint.
- ♦ Strong organizational and time management skills.
- ♦ Ability to work on multiple projects and meet deadlines.
- ♦ Ability to work with a wide variety of people, including representatives of vendors, health plans and counties.
- ♦ Experience in program evaluation.
- ♦ Demonstrated ability to collaborate with others.
- ♦ An interest in improving health care access and quality in public programs.
- ♦ Ability to work independently, with minimal direction, and to take initiative to complete assignments.

OTHER EXPECTATIONS

- Demonstrates commitment to performing duties in a service-oriented manner
- Demonstrates commitment to maintain a work environment free from discrimination and sexual harassment
- Maintains good work habits and adheres to all policies and procedures
- Demonstrates the ability to function as part of a team, work on multiple assignments and meet critical deadlines
- Acts as liaison with other state agencies, including Department of Health Care Services
- Ability to remain calm when dealing with persons who are experiencing a high level of stress/

Typical Working Conditions: Requires prolonged sitting and computer work, use of telephone and frequent contact with employees, stakeholders and plans.

Who May Apply: Applications will be accepted from individuals currently in the class or who have list or reinstatement eligibility to the classification. Only the most qualified candidates will be interviewed. Hire may be restricted to SROA or surplus state employees. Interested parties should submit a Std. 678, State Application (available at www.jobs.ca.gov). In the Explanation Section of the application enter Job ID# 10-BQM and Position # 443-600-5393-749 and the basis for appointment eligibility. For list candidates, attach examination results. **Send to:**

**Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
Attn: Robin Conover – Personnel**

Applications must be RECEIVED in the Personnel Office by 5:00 p.m. on the Final Filing Date: August 28, 2010.

If you have questions regarding this information, please contact Robin Conover at (916) 445-3940.

Equal Employment Opportunity Employer to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.